

MARYLAND 3025

03009
STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH- COUNTY Queen Anne MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Q.A.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) X TOWN Kings Town		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Kings Town X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Chestertown (Rural)		STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (First) (Middle) (Last) DOROTHY VICKERS ANTHONY		4. DATE OF DEATH (Month) (Day) (Year) March 5 / 55 19	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 22, 1914
9. AGE last birthday 40 yrs.		10. If under 1 year If under 24 hrs Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Chestnut Hill, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harrison W. Vickers Jr.		14. MOTHER'S MAIDEN NAME Rebecca B. Eliason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO		16. SOCIAL SECURITY No. James T. Anthony III - Chestertown, Md.	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
201X Immediate cause (a) <i>N Hodgkin's disease</i>		6-7 years
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1948, 19 to 3-5, 1955, that I last saw the deceased alive on 3-5, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE *Robert W. Dan* (Degree or title) ADDRESS *Chestertown, Md* DATE SIGNED *3/7/55*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar. 7, 1955	NAME OF CEMETERY OR CREMATORY Chester Cemetery	LOCATION (City, town, or county) Chestertown, Md.
DATE REC'D BY LOCAL REG. 3-7	REGISTRAR'S SIGNATURE <i>Edgar L. Lane</i>	24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Md.	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAR 14 1958

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3726

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Queen Anne's</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>g. a.</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>X</i>	LENGTH OF STAY (in this place) <i>Life</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chesler md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>	STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH:	
<i>Eliza (First) (Middle) (Last)</i>		<i>Mar 22 1955</i>	
5. SEX: <i>Female</i>	6. COLOR OF RACE: <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: <i>April 1-1868</i>
9. AGE last birthday: <i>86</i> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>None</i>	
11. BIRTHPLACE (State or foreign country): <i>md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Perry Stansbury</i>		14. MOTHER'S MAIDEN NAME: <i>Johnson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT & ADDRESS: <i>Edward Johnson Stevensville</i>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE (A) <i>Myocardial Insufficiency</i>			<i>One mo.</i>
ANTECEDENT CAUSE (B) <i>Bronchial Pneumonia</i>			<i>2 wks.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C) <i>Atherosclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 1955</i> to <i>Mar. 22, 1955</i> , that I last saw the deceased alive on <i>3/22</i> , 1955, and that death occurred at <i>9:30</i> M, from the causes and on the date stated above.			
SIGNATURE <i>B. Wm. Martin, Jr.</i>		ADDRESS <i>Queanstown</i> DATE SIGNED <i>3/23/55</i>	
M. D.			
23. BURIAL CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Mar 26-55</i>	
NAME OF CEMETERY OR CREMATORY <i>Back Neck</i>		LOCATION (City, town, or county) (State) <i>near Stevensville md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>March 26, 55</i>		REGISTRAR'S SIGNATURE <i>Elizabeth Hooper</i>	
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>		ADDRESS <i>Church Hill md</i>	

RECEIVED

MAR 31 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03011 3127 CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Queen Anne</u>	MARYLAND	STATE <u>Ind.</u>	COUNTY <u>Queen Anne</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Chester</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Chester</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>08</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
<u>LEMUEL KIRWAN</u>		OF DEATH: <u>Mar. 15 1955</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>(W)</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <u>(WIDOWED)</u>	8. DATE OF BIRTH: <u>Feb. 29, 1872</u>
9. AGE last birthday <u>83</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired farm owner</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>James Kirwan</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Gardner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT & ADDRESS: <u>Katherine Kirwan - Chester Ind.</u>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
4210 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>			<u>March 15, 1955</u>
ANTECEDENT CAUSE (B) <u>Myocardial degeneration + decompensation</u>			<u>2 years</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Arteriosclerosis general + cerebral</u>			<u>10 years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chorea minor since childhood</u>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 10, 1955</u> to <u>March 15, 1955</u> , that I last saw the deceased alive on <u>March 14, 1955</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Theodor Sattelmaier</u>		ADDRESS <u>Stevensville</u> DATE SIGNED <u>March 16, 1955</u>	
23. BURIAL CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
<u>BURIAL</u>		<u>Mar. 19</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Kirwan</u>		<u>near Chester Ind.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
<u>March 19, 1955</u>		<u>Elizabeth Hooper</u>	
FUNERAL DIRECTOR		ADDRESS	
<u>Edgar L. Lane</u>		<u>Church Hill, Ind.</u>	

RECEIVED
MAR 22 1955
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03012

328

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) <u>X</u> <u>Stevensville</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Stevensville</u> <u>X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>/</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>ETTA</u> <u>S.</u> <u>LONG</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March 25</u> 19 <u>55</u>			
5. SEX: <u>F.</u>	6. COLOR OR RACE: <u>W.</u>	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: <u>April 7-1882</u>	9. AGE last birthday <u>72</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME: <u>Wm. Gardner</u>				14. MOTHER'S MAIDEN NAME: <u>Virginia Harris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS: <u>Miss Genevieve Long-Stevensville</u>		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
292.4 IMMEDIATE CAUSE (A) <u>aplastic anemia</u>							<u>about 4 years</u>
ANTECEDENT CAUSE (B) <u>chronic septicemia</u>							<u>about 6 months</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Rheumatoid Arthritis</u>							<u>20 years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: <u>/</u>				19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> M.		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 10</u> , 19 <u>50</u> , to <u>March 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 25</u> , 19 <u>55</u> , and that death occurred at <u>1 P.</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Theodor Sattelmair</u>				ADDRESS <u>Stevensville</u>		DATE SIGNED <u>March 26, 1955</u>	
23. BURIAL CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>Mar. 28</u>		NAME OF CEMETERY OR CREMATORY <u>Stevensville</u>		LOCATION (City, town, or county) (State) <u>Stevensville Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>March 28-55</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Koster</u>		24. FUNERAL DIRECTOR <u>Edgar L. Lane - Church Hill Md.</u>		ADDRESS	

BUREAU V. S.

MAR 31 1905

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